

FEE TRANSMITTAL
For FY 2008

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,100.00**

Complete if Known

Application Number	10/762,439
Filing Date	January 22, 2004
First Named Inventor	Paul Ashton
Examiner Name	Sasan, Aradhana
Art Unit	1615
Attorney Docket No.	CDSI-P01-041

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 42 - 64 = x =

Extra Claims x =

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 8 = x =

Extra Claims x =

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = / 50 = (round up to a whole number) x =

Extra Sheets x =

Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

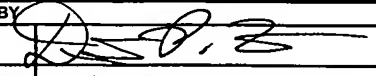
Other (e.g., late filing surcharge): 1253 Extension for response within third month (minus two months paid on 06/04/08)

1401 Notice of appeal

590.00

510.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,735	Telephone	(617) 951-7615
Name (Print/Type)	David P. Halstead, J.D., Ph.D.			Date	July 3, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 3, 2008Signature:  (Jennifer Hess)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

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		Filing Date	January 22, 2004	
		First Named Inventor	Paul Ashton	
		Examiner Name	Sasan, Aradhana	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1615		
TOTAL AMOUNT OF PAYMENT	(\$)	1,100.00	Attorney Docket No.	CDSI-P01-041

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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
42	- 64 =	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	- 8 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

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